MATERIAL REVIEWED AT CIA HEADQUARTERS BY
HOUSE SELECT COMMITTEE ON ASSASSINATIONS STAFF MEMBERS

SECRET

FILE TITLE/NUMBER/VOLUME: Zambernardi, Robert M.

INCLUSIVE DATES: 6 July 1956 – 15 Sept 1965

CUSTODIAL UNIT/LOCATION: OP

ROOM: 5E13

DELETIONS, IF ANY:

DATE RECEIVED	DATE RETURNED	REVIEWED BY (PRINT NAME)	SIGNATURE OF REVIEWING OFFICIAL

NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE

SECERT

REPRODUCTION MASTERS

BIOGRAPHIC PROFILE

SECRET

Handle With Care

14-00000

ORIGINAL - Biographic Profile

— see sanitized copy in slot

14-00000

Personnel Actions covering
Period After Mexico City
Assignment

14-00000

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION	DATE PREPARED: 15 June 1964
1. SERIAL NUMBER: 022592	2. NAME (Last-First-Middle): ZAMBERNARDI, Robert
3. NATURE OF PERSONNEL ACTION: TRANSFER TO VOUCHERED FUNDS & REASSIGNMENT	4. EFFECTIVE DATE REQUESTED: MONTH 07 DAY 05 YEAR 64
5. CATEGORY OF EMPLOYMENT: REGULAR	
6. FUNDS: V TO V / X CF TO V / V TO CF / CF TO CF	7. COST CENTER NO. CHARGEABLE: 5225-0079 1000
8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS: DDP/TSD, OPERATIONAL AIDS, PHOTOGRAPHIC OPERATIONS BRANCH, AREA DESKS SECTION	10. LOCATION OF OFFICIAL STATION: WASHINGTON, D. C.
11. POSITION TITLE: PHOTO GEN	12. POSITION NUMBER: 0113
13. CAREER SERVICE DESIGNATION: D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.): GS (011)	15. OCCUPATIONAL SERIES: 1060.02
16. GRADE AND STEP: 10 (3)	17. SALARY OR RATE: $8200

18. REMARKS

FROM: DDP/TSD
FOREIGN FIELD
MEXICO CITY

Security Approval Granted by Pers. SD/OS 6/23/64
Cly 7/1/64

Recorded by CSPD
DW

CC: Security & Vouchered Payroll

18A. SIGNATURE OF REQUESTING OFFICIAL	DATE SIGNED	18B. SIGNATURE OF OFFICE APPROVING OFFICER	DATE SIGNED
H. LEE OLSON		H. Lee Olson — H. LEE OLSON, TSD/CMO	6/25/64

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMERIC	ALPHABETIC	22. STATION CODE	23. INTEGRITY CODE	24. VOTING CODE	25. DATE OF BIRTH
16	10	41300	TA	25013		1	05 09 35

28. NTE EXPIRES; 29. SPECIAL REFERENCE; 30. RETIREMENT DATA (1 - CSC, 3 - FICA, 5 - NONE); 31. SEPARATION DATA CODE; 32. CORRECTION/CANCELLATION DATA; EOD DATA; 33. SECURITY REQ. NO.; 34. SEX

35. VET. PREFERENCE (0 - NONE, 1 - 5 PT., 2 - 10 PT.); 36. SERV. COMP. DATE; 37. LONG. COMP. DATE; 38. CAREER CATEGORY; 39. FEGLI / HEALTH INSURANCE; 40. SOCIAL SECURITY NO.

41. PREVIOUS GOVERNMENT SERVICE DATA (0 - NO PREVIOUS SERVICE, 1 - NO BREAK IN SERVICE, 2 - BREAK IN SERVICE (LESS THAN 3 YRS), 3 - BREAK IN SERVICE (MORE THAN 3 YRS)); 42. LEAVE CAT. CODE; 43. FEDERAL TAX DATA; 44. STATE TAX DATA

45. POSITION CONTROL CERTIFICATION	46. O.P. APPROVAL	DATE APPROVED
[illegible]	E. Johnson	6/30/64

FORM 1.62 1152 OBSOLETE PREVIOUS EDITIONS AND FORM 1152a.

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

(4)

SECRET
(When Filled In)

NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
Zambernardi, Robert M.	Philip Edward - son	64-184

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on ~~Leg burn - 28 December~~ 1963

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF BSD REPRESENTATIVE
[illegible] 1964	B. DeFelice

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

14-00000

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 2 April 1963

1. SERIAL NUMBER	2. NAME (Last-First-Middle)
022592	ZAMBERNARDI, ROBERT

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE REQUESTED (MONTH / DAY / YEAR)	5. CATEGORY OF EMPLOYMENT
PROMOTION [redacted]	01 / 14 / 63	REGULAR

6. FUNDS	V TO V	V TO CF	CF TO V	CF TO CF	7. COST CENTER NO. CHARGEABLE	8. LEGAL AUTHORITY (Completed by Office of Personnel)
				X	3125-5700-3007	

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
DDP/TSD Foreign Field Western Hemisphere Mexico	Mexico City, Mexico

10

11. POSITION TITLE	12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION
IO TECH AIDS	0575	D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0136.~~01~~ 63	10 (2)	$7535

18. REMARKS

FROM: GS-9 (2)

PIA

Recorded by CSPD

18A. SIGNATURE OF REQUESTING OFFICIAL	DATE SIGNED	18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	DATE SIGNED
JAMES R. SHIELDS		JAMES R. SHIELDS, TSD/CMO	

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY. CODE	21. OFFICE CODING (NUMERIC / ALPHABETIC)	22. STATION CODE	23. INTEGRATE CODE	24. CAREER CODE	25. DATE OF BIRTH (MO. DA. YR.)	26. DATE OF GRADE	27. DATE OF LEI
22	10	46575 / TS	45015		3	05 / 69 / 35		

28. DATE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ. NO.	34. SEX
	98	1 - CSC 3 - FICA 4 - NONE			EOD DATA		

35. VET. PREFERENCE	36. SERV. COMP. DATE	37. LONG. COMP. DATE	38. MIL. SERV. CREDITED	39. FEGLI / HEALTH INSURANCE	40. SOCIAL SECURITY NO.
0 - NONE 1 - 5 PT. 2 - 10 PT.			1 - YES 2 - NO	0 - WAIVED 1 - YES	

41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 12 MOS.) 3 - BREAK IN SERVICE (MORE THAN 12 MOS.)		FORM EXECUTED 1 - YES 2 - NO / NO. TAX EXEMPTIONS	FORM EXECUTED 1 - YES 2 - NO / NO. TAX EXEMP. / STATE CODE

43. POSITION CONTROL CERTIFICATION	44. O.P. APPROVAL	DATE APPROVED
5 APR 1963 [illegible]	Paul E. Wilson	5 Apr 63

FORM 8-61 1152 USE PREVIOUS EDITION.

SECRET

(4)

14-00000

SECRET
(When Filled In)

NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
Zambernardi, Robert M	Paul - Son	63-460

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 22 February 63 [illegible]

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF BSD REPRESENTATIVE
8 July 1963	B. DeFelice

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

FORM 10-59 1076 USE PREVIOUS EDITION. SECRET (4-21-35)

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 16 January 1962

1. SERIAL NUMBER: 022592 ✓

2. NAME (Last-First-Middle): ZAMBERNARDI, Robert

3. NATURE OF PERSONNEL ACTION: PROMOTION

4. EFFECTIVE DATE REQUESTED: MONTH 01 DAY 21 YEAR 62

5. CATEGORY OF EMPLOYMENT: REGULAR XXXXXXX

6. FUNDS: V TO V / CF TO V / V TO CF / CF TO CF X=

7. COST CENTER NO. CHARGEABLE: 2125-5700-3007

8. LEGAL AUTHORITY (Completed by Office of Personnel)

9. ORGANIZATIONAL DESIGNATIONS:
10 DDP/TSD — Foreign Field
Western Hemisphere
Mexico

10. LOCATION OF OFFICIAL STATION: Mexico City, Mexico

11. POSITION TITLE: IO TECH AIDS

12. POSITION NUMBER: 0575

13. CAREER SERVICE DESIGNATION: D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.): GS

15. OCCUPATIONAL SERIES: 0136.63

16. GRADE AND STEP: 9 (1)

17. SALARY OR RATE: $6435 ✓

18. REMARKS:
FROM: GS-8 (1)

RECD CSPD 13

18A. SIGNATURE OF REQUESTING OFFICIAL: JAMES R. SHIELDS

DATE SIGNED:

18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER: [signature] JAMES R. SHIELDS TSD/CMC

DATE SIGNED:

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY. CODE	21. OFFICE CODING NUMERIC	ALPHABETIC	22. STATION CODE	23. INTEGREE CODE	24. VET CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
22	10	46575	TS	45025		3	05 19 35	1 21 62	1 21 62

28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	33. SECURITY REQ. NO.	34. SEX
		1 - CSC 3 - FICA 5 - NONE		FOD DATA		

35. VET. PREFERENCE	36. SERV. COMP. DATE	37. LONG. COMP. DATE	38. MIL. SERV. CRED.	39. FEGLI / HEALTH INSURANCE	40. SOCIAL SECURITY NO.
0 - NONE 1 - 5 PT 2 - 10 PT			1 - YES 2 - NO	0 - WAIVED 1 - YES / HEALTH INS. CODE	

41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA
CODE: 0 - NO PREVIOUS SERVICE; 1 - NO BREAK IN SERVICE; 2 - BREAK IN SERVICE (LESS THAN 12 MOS); 3 - BREAK IN SERVICE (MORE THAN 12 MOS)		FORM EXECUTED 1 - YES 2 - NO / CODE / NO. TAX EXEMPTIONS	FORM EXECUTED 1 - YES 2 - NO / CODE / NO. TAX EXEMP. / STATE CODE

45. POSITION CONTROL CERTIFICATION: [handwritten initials] 1-19-62

46. C.P. APPROVAL: [signature]

DATE APPROVED: 1/22/62

FORM 8-61 1152 USE PREVIOUS EDITION (4)

SECRET

SECRET
(When Filled In)

NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
ZAMBERNARDI, Robert	Wife - Martha Cecilia	61-286

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 3 March 1961 - Leiomioa of Uterus

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF BSD REPRESENTATIVE
	[signature]

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

FORM 10-56 1076 USE PREVIOUS EDITION.

SECRET

(8-21-39)

SECRET
(When Filled In)

NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)	~~xxxxxxxxx~~ Dependent	CASE OR CLAIM NUMBER
Zambernardi, Robert M.	Wife Martha	56-226

There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on 16 February 1960.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF REPRESENTATIVE
8 April 1960	B. DeFelice

NOTICE O OFFICIAL DISABILITY CLA I FILE

FORM NO. 1076
1 SEP 55

14-00000

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 15 Dec 1960

1. SERIAL NUMBER	2. NAME (Last-First-Middle)
522592	ZAMBERNARDI, Robert

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE REQUESTED (MONTH / DAY / YEAR)	5. CATEGORY OF EMPLOYMENT
PROMOTION	12 / 25 / 60	REGULAR

6. FUNDS	V TO V		V TO CF	7. COST CENTER NO. CHARGEABLE	8. LEGAL AUTHORITY (Completed by Office of Personnel)
	CF TO V	X	CF TO CF	1125-5700-3007	

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
DDP/TSD Western Hemisphere MEXICO	Mexico City, Mexico

11. POSITION TITLE	12. POSITION NUMBER	12A. PCR CONTROL NO.	13. CAREER SERVICE DESIGNATION
IO TECH AIDS [redacted]	575		D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS-8	0136.63	08 01	$ 5885

18. REMARKS

LOCCU... CCPD

18A. SIGNATURE OF REQUESTING OFFICIAL	18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER
JAMES R. SHIELDS	JAMES R. SHIELDS TSD/CMO

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOYEE CODE	21. OFFICE CODING	22. STATION CODE	23. INTEGRAL CODE	24. POSITION CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
		46575 / 41 53 TS	46575		3	05 09 35		

POI DATA

45. POSITION CONTROL CERTIFICATION: 12-21-60

46. O.P. APPROVAL

FORM 1152 (8-60) USE PREVIOUS EDITION AND FORM 1152A

SECRET

Personnel Actions covering period prior to assignment Mexico City

SECRET

NOTIFICATION OF ESTABLISHMENT OF MILITARY COVER BACKSTOP	DATE: 19 August 1965
TO: (Check) (X) CHIEF, PERSONNEL OPERATIONS DIVISION; X CHIEF, OPERATING COMPONENT (For action) TSD	ESTABLISHED FOR: ZAMBERNARDI, Robert M.
ATTN: Personnel	FILE NO. 4954
REF: Resignee Backstop debriefing	ID CARD NO.
MILITARY COVER BACKSTOP ESTABLISHED: Technical Services Group, Provisional	EMPLOYEE NO.

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

[X] Block Records: (OPMEMO 20-800-11) Resignation effective 20 Aug 65

a. Temporarily for ____ days, effective ____________.

b. Continuing, effective EOD Jul 56.

[NA] Submit Form 642 to change limitation category. (HHB 20-7)

[NA] Ascertain that Army W-2 being issued. (HB 20-361-1)

[NA] Submit Form 1322 for any change affecting this cover. (R 240-310)

[NA] Submit Form 1323 for transferring cover responsibility. (R 240-350)

[X] Remarks: 1. Will use DAFC for entire period, with detail to State for use in Mexico City. 2. Will use CIA for entire period if in US. 3. Will check with Station for guidance.

[X] Cover History

Jul56-Nov56	overt	Jun57-Jul59	DAC/Washington
Nov56-Jun57	DAFC/Japan	Jul59-May64	Lt State/Mexico C
		May64-May65	DAFC/Washington

Forwarding Address:
c/o American Embassy
Mexico City, Mexico
Employment Address:
Unknown

[signature] NW/al
CHIEF, MILITARY COVER SEC

DISTRIBUTION: Copy 1-POD, Copy 2-Operating Component, Copy 3-OS D OS, Copy 4-OI/TT(?), Copy 5-PSD/CS, Copy 6 File

FORM 1551 OBSOLETE EDITION   SECRET   (13-20-43)

14-00000

NJM: 25 AUG 65

SECRET
(When Filled In)

OEF

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)
022592	ZAMBERNARDI ROBERT

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE (MO DA YR)	5. CATEGORY OF EMPLOYMENT
RESIGNATION	08 20 65	REGULAR

6. FUNDS	V TO V	V TO CF	CF TO V	CF TO CF	7. COST CENTER NO. CHARGEABLE	8. CSC OR OTHER LEGAL AUTHORITY
			X		6125 0079 0000	

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
DDP/TSD OPERATIONAL AIDS PHOTO OPERATIONS BRANCH AREA DESKS SECTION	WASH., D. C.

11. POSITION TITLE	12. POSITION NUMBER	13. SERVICE DESIGNATION
PHOTOG GEN	0113	D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	1060.02	11 3	9240

18. REMARKS

COMMUNICATIONS - C/O AMERICAN EMBASSY MEXICO D.F. MEXICO
CHECKS, BONDS - UNION TRUST COMPANY, 1500 H ST. NW
WASHINGTON, D. C.

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. Employ Code	21. OFFICE CODING (NUMERIC / ALPHABETIC)	22. STATION CODE	23. INTEGREE CODE	24. Hdqtrs Code	25. DATE OF BIRTH (MO DA YR)	26. DATE OF GRADE	27. DATE OF LEI
45	10					05 09 35		

28. MIL CAPITES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO	34. SEX
			3ACOO41		EOD DATA		

35. VET PREFERENCE | 36. SERV COMP DATE | 37. LONG COMP DATE | 38. CAREER CATEGORY | 39. FEGLI / HEALTH INSURANCE | 40. SOCIAL SECURITY NO

41. PREVIOUS GOVERNMENT SERVICE DATA | 42. LEAVE CAT CODE | 43. FEDERAL TAX DATA | 44. STATE TAX DATA

SIGNATURE OR OTHER AUTHENTICATION

ml 8/26/65

FORM 11-67 1150 Use Previous Edition

SECRET

(When Filled In)

GROUP 1 Excluded from automatic downgrading and declassification

14-00000

1 Serial No	2 Name	3 Cost Center Number	4 LWOP Hours
022592	ZAMBERNARDI ROBERT	41 575 CF	

5 OLD SALARY RATE				6 NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last PH Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ
GS 10	2	$ 7,945	04/14/63	GS 10	3	$ 8,200	04/12/64			

8. Remarks and Authentication

/ / NO EXCESS LWOP
/ / IN PAY STATUS AT END OF WAITING PERIOD
/ / LWOP STATUS AT END OF WAITING PERIOD
CLERKS INITIALS AUDITED BY

I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

SIGNATURE: E. B. ECHOLS DATE: 6 March 1964

PAY CHANGE NOTIFICATION

Form 560 Obsolete Previous Edition (4-51)

14-00000

SECRET
(When Filled In)

ARM: 15 APR 63

OKE

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)
022502	ZAMBERNARDI ROBERT

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE (MO. DA. YR.)	5. CATEGORY OF EMPLOYMENT
PROMOTION (CORRECTION)*	04 14 63	REGULAR

6. FUNDS	V TO V	V TO CF	CF TO V	CF TO CF	7. COST CENTER NO. CHARGEABLE	8. CSC OR OTHER LEGAL AUTHORITY
				X	3125 5700 3007	50 USC 403

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
DDP TSD FOREIGN FIELD WESTERN HEMISPHERE MEXICO	MEXICO CITY, MEXICO

11. POSITION TITLE	12. POSITION NUMBER	13. SERVICE DESIGNATION
IO TECH AIDS	0575	D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0136.63	10 2	7535

18. REMARKS

*THIS CORRECTS FORM 1150, EFFECTIVE 04/14/63, ITEM #15, OCCUPATIONAL SERIES, WHICH READ "0136.01" TO READ "0136.63."

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. Employ Code	21. OFFICE CODING (NUMERIC / ALPHABETIC)	22. STATION CODE	23. INTEGREE CODE	24. Hdqtrs Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
						06 09 35		

28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	33. SECURITY REQ NO	34. SEX
				EOD DATA		

35. VET PREFERENCE	36. SERV COMP DATE	37. LONG COMP. DATE	38. CAREER CATEGORY	39. FEGLI / HEALTH INSURANCE	40. SOCIAL SECURITY NO

41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA

SIGNATURE OR OTHER AUTHENTICATION

POSTED
15 APR 1963

FORM 1150 Use Previous Edition
15 APR 1963

SECRET

(When Filled In)

14-00000

SECRET
(When Filled In)

APM: 11 APR 63

CCF

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)
022592	ZAMBERNARDI ROBERT

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE (MO. DA. YR)	5. CATEGORY OF EMPLOYMENT
PROMOTION	04 14 63	REGULAR

6. FUNDS	V TO V		V TO CF	7. COST CENTER NO. CHARGEABLE	8. CSC OR OTHER LEGAL AUTHORITY
	CF TO V	X	CF TO CF	3125 5700 3007	50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
DDP TSD FOREIGN FIELD WESTERN HEMISPHERE MEXICO	MEXICO CITY, MEXICO

11. POSITION TITLE	12. POSITION NUMBER	13. SERVICE DESIGNATION
IO TECH AIDS	0575	D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0130.01	10 2	7535

18. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. Employ Code	21. OFFICE CODING (NUMERIC / ALPHABETIC)	22. STATION CODE	23. INTEGREE CODE	24. Hdqtrs Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
22	10	46575 / TS	46075		3	[illegible]	04 14 63	04 14 63

28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA (1 - CSC, 2 - FICA, 3 - NONE)	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	EOD DATA	33. SECURITY REQ NO	34. SEX
	-0						

35. VET. PREFERENCE	36. SERV COMP DATE	37. LONG COMP. DATE	38. CAREER CATEGORY	39. FEGLI / HEALTH INSURANCE	40. SOCIAL SECURITY NO

41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA

SIGNATURE OR OTHER AUTHENTICATION

15 APR 1963

FORM 1150 11-62 · 11 APR 1963 · Use Previous Edition

SECRET

(When Filled In)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI MEMORANDUM DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 9 JANUARY 1966.

NAME	SERIAL	ORGN. FUNDS	GR-ST	OLD SALARY	NEW SALARY
ZAMBERNARDI ROBERT	022592	41 575 CF	GS 10 2	$ 7,535	$ 7,945

BWS: 19 JAN 62

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER: 022592
2. NAME (LAST-FIRST-MIDDLE): ZAMBERNARDI ROBERT
3. NATURE OF PERSONNEL ACTION: PROMOTION
4. EFFECTIVE DATE (MO DA YR): 01 21 62
5. CATEGORY OF EMPLOYMENT: REGULAR
6. FUNDS: V TO V / V TO CF / CF TO V / X CF TO CF
7. COST CENTER NO. CHARGEABLE: 2125 5700 3007
8. CSC OR OTHER LEGAL AUTHORITY: 50 USC 403 J
9. ORGANIZATIONAL DESIGNATIONS: DDP TSD FOREIGN FIELD WESTERN HEMISPHERE MEXICO
10. LOCATION OF OFFICIAL STATION: MEXICO CITY, MEXICO
11. POSITION TITLE: IO TECH AIDS
12. POSITION NUMBER: 0575
13. CAREER SERVICE DESIGNATION: D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.): GS
15. OCCUPATIONAL SERIES: 0136.01
16. GRADE AND STEP: 09 1
17. SALARY OR RATE: 6435
18. REMARKS:

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE	20 Employ. Code	21 OFFICE CODING (Numeric / Alphabetic)	22 STATION CODE	23 INTEGREE CODE	24 Hdqtrs Code	25 DATE OF BIRTH	26 DATE OF GRADE	27 DATE OF LEI
22	10	45575 TS	45075		3	05 09 35	01 21 62	01 21 62

28 NTE EXPIRES — 29 SPECIAL REFERENCE — 30 RETIREMENT DATA (1 CSC, 2 FICA, 3 NONE) — 31 SEPARATION DATA CODE — 32 CORRECTION-CANCELLATION DATA — EOD DATA — 33 SECURITY REQ NO — 34 SEX

35 VET PREFERENCE (0 NONE, 1 5 PT, 2 10 PT) — 36 SERV COMP DATE — 37 LONG COMP DATE — 38 MIL SERV CREDITED (1 YES, 2 NO) — 39 FEGLI / HEALTH INSURANCE (0 WAIVED, 1 YES; HEALTH INS CODE) — 40 SOCIAL SECURITY NO

41 PREVIOUS GOVERNMENT SERVICE DATA (0 NO PRIOR GOVT SERVICE; 1 NO BREAK IN SERVICE; 2 BREAK IN SERVICE LESS THAN 12 MOS; 3 BREAK IN SERVICE MORE THAN 12 MOS) — 42 LEAVE CAT CODE — 43 FEDERAL TAX DATA (1 YES, 2 NO; CODE; NO TAX EXEMPTIONS) — 44 STATE TAX DATA (1 YES, 2 NO; CODE; NO TAX EXEMP; STATE CODE)

SIGNATURE OR OTHER AUTHENTICATION

POSTED
1/25/62 JM

Form 1150 8 61 — Use Previous Edition

SECRET

1/24/62

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87 - 793 AND DCI MEMORANDUM DATED 1 AUGUST 1955 , SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 14 OCTOBER 1962

NAME	SERIAL	ORGN	FUNDS	OLD GR-ST	OLD SALARY	NEW GR-ST	NEW SALARY
ZAMBERNARDI ROBERT	022592	46575	CF	09 1	$ 6435	09 1	$ 6675

1. Serial No	2. Name	3. Cost Center Number	4. LWOP Hours
022592	ZAMBERNARDI ROBERT	46 575 CF 10	

5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ
GS 09	1	$ 6,675	01/21/62	GS 09	2	$ 6,900	01/20/63			

8. Remarks and Authentication

/ / NO EXCESS LWOP
/ / IN PAY STATUS AT END OF WAITING PERIOD
/ / LWOP STATUS AT END OF WAITING PERIOD
CLERKS INITIALS AUDITED BY

I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

SIGNATURE: DATE

PAY CHANGE NOTIFICATION

Form 9-61 560 Obsolete Previous Edition (4-51)

SECRET
(When Filled In)

1. Serial No.	2. Name	3. Cost Center Number	4. LWOP Hours
22592	ZAMBERNARDI ROBERT	DDP/TSD 10 UV	

5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ.
GS 08	1	$ 5,885	12/25/60	08	2	$ 6,05[illegible]	12/24/61			

8. Remarks and Authentication

/ / IN LWOP STATUS AT END OF WAITING PERIOD

/ / NO EXCESS LWOP

/ / IN PAY STATUS

PAY CHANGE NOTIFICATION

Form 7-60 560 Obsolete Previous Edition SECRET (4-51)

BLT: 23 ~~28~~ DEC 1960

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER	2. NAME (LAST FIRST MIDDLE)
022592	ZAMBERNARDI ROBERT

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE (MO DA YR)	5. CATEGORY OF EMPLOYMENT
PROMOTION	12 25 60	REGULAR

6. FUNDS	V TO V		V TO CF	7. COST CENTER NO. CHARGEABLE	8. CSC OR OTHER LEGAL AUTHORITY
	CF TO V	X	CF TO CF	1125 5700 3007	50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
DDP TSD WESTERN HEMISPHERE MEXICO	MEXICO CITY, MEXICO

11. POSITION TITLE	12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION
IO TECH AIDS	0575	D

14. CLASSIFICATION SCHEDULE (GS, WB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0136.63	08 1	5885

18. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. Employ Code	21. OFFICE CODING (NUMERIC)	(ALPHABETIC)	22. STATION CODE	23. INTEGREE CODE	24. Hdqtrs. Code	25. DATE OF BIRTH (MO DA YR)	26. DATE OF GRADE (MO DA YR)	27. DATE OF LEI (MO DA YR)
22	10	46575	TS	45075		3	05 09 35	12 25 60	12 25 60

28. NTE EXPIRES (MO DA YR)	29. SPECIAL REFERENCE	30. RETIREMENT DATA (1 - CSC, 3 - FICA, 5 - NONE)	CODE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA (TYPE, NO., DA., YR)	EOD DATA	33. SECURITY REQ NO.	34. SEX

35. VET PREFERENCE CODE (0 - NONE, 1 - 5 PT, 2 - 10 PT)	36. SERV COMP DATE (MO DA YR)	37. LONG. COMP DATE (MO DA YR)	38. MIL. SERV. CREDIT/LCD (1 - YES, 2 - NO)	CODE	39. FEGLI / HEALTH INSURANCE CODE (0 - WAIVER, 1 - YES)	HEALTH INS CODE	40. SOCIAL SECURITY NO.

41. PREVIOUS GOVERNMENT SERVICE DATA CODE (0 - NO PREVIOUS SERVICE, 1 - NO BREAK IN SERVICE, 2 - BREAK IN SERVICE (LESS THAN 12 MOS), 3 - BREAK IN SERVICE (MORE THAN 12 MOS))	42. LEAVE CAT CODE	43. FEDERAL TAX DATA: FORM EXECUTED (1 - YES, 2 - NO)	CODE	NO TAX EXEMPTIONS	44. STATE TAX DATA: FORM EXECUTED (1 - YES, 2 - NO)	CODE	NO TAX EXEMP	STATE CODE

SIGNATURE OR OTHER AUTHENTICATION

POSTED
01-22-61

Form 1150 Obsolete Previous Editions

SECRET

(4-31)

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

AES: 17 APRIL 1959

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth (Mo. Da. Yr.)	4. Vet. Pref. (None-0, 5 Pt-1, 10 Pt-2) Code	5. Sex	6. CS - EOD (Mo. Da. Yr.)
522592	ZAMBERNARDI ROBERT	05 05 35	1	M 1	07 30 56

7. SCD (Mo. Da. Yr.)	8. CSC Retmt. (Yes-1 No-2) Code	9. CSC Or Other Legal Authority	10. Apmt. Affidav. (Mo. Da. Yr.)	11. FEGLI (Yes-1 No-2) Code	12. TCD (Mo. Da. Yr.)	13. Ellig. Code
08 02 54	1	50 USCA 403 J		1	07 30 56	2

PREVIOUS ASSIGNMENT

14. Organizational Designations	Code	15. Location Of Official Station	Station Code
DDP TSS TECHNICAL AIDS PHOTOGRAPHIC DIV OPERATIONAL PHOTOGRAPHY BR	4448	WASH.D.C.	75013

16. Dept. - Field (Dept-1 USfld-3 Frgn-5) Code	17. Position Title	18. Position No.	19. Serv.	20. Occup. Series
2	PHOTOG GEN	0513	GS	1060.02

21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade (Mo. Da. Yr.)	25. PSI Due (Mo. Da. Yr.)	26. Appropriation Number
07 1	$ 4980	DT	12 28 58	12 27 59	9 2500 25 007

ACTION

27. Nature Of Action	Code	28. Eff. Date (Mo. Da. Yr.)	29. Type Of Employee	Code	30. Separation Data
REASSIGNMENT & TRANSFER TO CONFIDENTIAL FUNDS*	05	04 19 59	REGULAR	01	

PRESENT ASSIGNMENT

31. Organizational Designations	Code	32. Location Of Official Station	Station Code
DDP TSS FOREIGN FIELD WESTERN HEMISPHERE MEXICO	4455	MEXICO	45000

33. Dept. - Field (Dept-1 USfld-3 Frgn-5) Code	34. Position Title	35. Position No.	36. Serv.	37. Occup. Series
5	IO TECH AIDS	0575	GS	0136.63

38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade (Mo. Da. Yr.)	42. PSI Due (Mo. Da. Yr.)	43. Appropriation Number
07 1	$ 4980	DT	12 28 58	12 27 59	9 2508 75 007

44. Remarks

*SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.

POSTED
24 1959

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 22592

SECTION A — GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. GRADE
ZAMBERNARDI, Robert M.	9 May 1935	M	GS-8

5. SERVICE DESIGNATION	6. OFFICIAL POSITION TITLE	7. OFF/DIV/BR OF ASSIGNMENT
KURIOT	IO TECH AIDS	WH/III/MEXI

8. CAREER STAFF STATUS: NOT ELIGIBLE [X]; MEMBER; DEFERRED; PENDING; DECLINED; DENIED

9. TYPE OF REPORT: INITIAL; [X] ANNUAL; REASSIGNMENT/SUPERVISOR; REASSIGNMENT/EMPLOYEE; SPECIAL (Specify)

10. DATE REPORT DUE IN O.P.: 31 August 1961

11. REPORTING PERIOD From To: 7/1/60 - 6/30/61

SECTION B — EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

1 - Unsatisfactory | 2 - Barely adequate | 3 - Acceptable | 4 - Competent | 5 - Excellent | 6 - Superior | 7 - Outstanding

Specific Duty	Rating No.
SPECIFIC DUTY NO. 1 KURIOT support for COs in ops, particularly photo work - concealed, telephoto, movies and documentary	6
SPECIFIC DUTY NO. 2 Routine lab work, microfilming documents, printing & reproduction of photos - montaje etc.	5
SPECIFIC DUTY NO. 3 Opening, processing, photographing re-sealing operational mail	6
SPECIFIC DUTY NO. 4 S/W - writing and developing S/W communications in direct support of COs	5
SPECIFIC DUTY NO. 5 Surveillances, caseing and selection of meeting sites, security stake outs and other ops duties as directed	5
SPECIFIC DUTY NO. 6	

SECTION C — EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.

1 - Performance in many important respects fails to meet requirements.
2 - Performance meets most requirements but is deficient in one or more important respects.
3 - Performance clearly meets basic requirements.
4 - Performance clearly exceeds basic requirements.
5 - Performance in every important respect is superior.
6 - Performance in every respect is outstanding.

RATING NO.: 5

SECTION D — DESCRIPTION OF THE EMPLOYEE

In the rating boxes below, check (X) the degree to which each characteristic applies to the employee

1 - Least possible degree | 2 - Limited degree | 3 - Normal degree | 4 - Above average degree | 5 - Outstanding degree

CHARACTERISTICS	NOT APPLICABLE	NOT OBSERVED	1	2	3	4	5
GETS THINGS DONE							X
RESOURCEFUL						X	
ACCEPTS RESPONSIBILITIES						X	
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES						X	
DOES HIS JOB WITHOUT STRONG SUPPORT						X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE						X	
WRITES EFFECTIVELY					X		
SECURITY CONSCIOUS							X
THINKS CLEARLY						X	
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS						X	
OTHER (Specify):							

SEE SECTION "E" ON REVERSE SIDE

14-00000

SECRET
(When Filled In)

OFFICE OF PERSONNEL
2 01 PM '61

SECTION E — **NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

This officer is willing, and has become much more effective and sure of himself during the past year. He is an excellent photographer and this with his increasing resourcefulness in support of operations, has resulted in some unusually good work of the ops support type.

This officer has a pleasant personality, is well liked, gets along well with his fellow employees, works overtime without question, and is well adjusted to overseas life in Mexico. The Station is very pleased to have him for another tour as he is most definitely a part of our operational capabilities.

[redacted] was commended by COS, Mexico in January 1961 and a review of this file should include a review of HMMT-1798 dated 12 January 1961.

SECTION F — **CERTIFICATION AND COMMENTS**

1. BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE	SIGNATURE OF EMPLOYEE
13 September 1961	/s/ Robert M. Zambernardi

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION
12 months	

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

- EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS
- REPORT MADE WITHIN LAST 90 DAYS
- OTHER (Specify):

DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
13 September 1961	Deputy Chief of Station	/s/ in pseudo

3. BY REVIEWING OFFICIAL

- I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.
- I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.
- I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.
- I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
13 September 1961	Chief of Station	/s/ in pseudo

SECRET

14-00000

Fitness Reports for period After, and Personnel Actions for period prior to assignment Mexico City

14-00000

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 22592

29 DEC 1965

SECTION A — GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. GRADE
ZAMBERNARDI Ro bert	9 May 1935	M	GS-7

5. SERVICE DESIGNATION	6. OFFICIAL POSITION TITLE	7. OFF/DIV/BR OF ASSIGNMENT
KURIOT	IO TECH AIDS	KURIOT/Mexico

8. CAREER STAFF STATUS		
NOT ELIGIBLE	MEMBER	DEFERRED
PENDING	DECLINED	DENIED

9. TYPE OF REPORT	
INITIAL	REASSIGNMENT/SUPERVISOR
X ANNUAL	REASSIGNMENT/EMPLOYEE

10. DATE REPORT DUE IN O.P.

11. REPORTING PERIOD From To

SPECIAL (Specify)

SECTION B — EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

1 - Unsatisfactory | 2 - Barely adequate | 3 - Acceptable | 4 - Competent | 5 - Excellent | 6 - Superior | 7 - Outstanding

Specific Duty	Rating No.
SPECIFIC DUTY NO. 1 Duties levied upon KURIOT by Station CO's in support of their ops and info. This constitutes using concealment devices, telephoto lens.	5
SPECIFIC DUTY NO. 2 Routine lab work. Micro-filming docs, printing docs, reprod. photos, maintenance of Photo Lab.	6
SPECIFIC DUTY NO. 3 Opening, photographing and resealing operational mail of Station CO's.	5
SPECIFIC DUTY NO. 4 S/W (two systems). Writing S/W for CO's. Rec'g messages for development.	4
SPECIFIC DUTY NO. 5 Stake out surveillance, agent mtgs and other duties that may be requested.	4
SPECIFIC DUTY NO. 6 Purchasing all photo supplies which can be procured on local market. Supplying some basehouses with supplies.	6

SECTION C — EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.

1 - Performance in many important respects fails to meet requirements.
2 - Performance meets most requirements but is deficient in one or more important respects.
3 - Performance clearly meets basic requirements.
4 - Performance clearly exceeds basic requirements.
5 - Performance in every important respect is superior.
6 - Performance in every respect is outstanding.

RATING NO.: 4

SECTION D — DESCRIPTION OF THE EMPLOYEE

In the rating boxes below, check (X) the degree to which each characteristic applies to the employee

1 - Least possible degree | 2 - Limited degree | 3 - Normal degree | 4 - Above average degree | 5 - Outstanding degree

CHARACTERISTICS	NOT APPLICABLE	NOT OBSERVED	1	2	3	4	5
GETS THINGS DONE						X	
RESOURCEFUL					X		
ACCEPTS RESPONSIBILITIES						X	
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES						X	
DOES HIS JOB WITHOUT STRONG SUPPORT						X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE						X	
WRITES EFFECTIVELY					X		
SECURITY CONSCIOUS						X	
THINKS CLEARLY					X		
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS						X	
OTHER (Specify):							

SEE SECTION "E" ON REVERSE SIDE

FORM 5-54 45 OBSOLETE PREVIOUS EDITIONS. SECRET (4)

14-00000

19601/£23

SECRET
(When Filled In)

SECTION E **NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

U:20 11 04 AU '60
MAIL ROOM

This young officer is conscientious and willing. He is an excellent photographer and fulfills duties related to photography (which is his principal duty) in completely satisfactory fashion.

He is willing to take on any assignments given him; is willing to put in any amount of overtime needed to get assignments completed within the prescribed time.

SECTION F **CERTIFICATION AND COMMENTS**

1. BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE	SIGNATURE OF EMPLOYEE
27 Oct 1960	Subject signed form 45a in pseudo.

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

	EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS		REPORT MADE WITHIN LAST 90 DAYS
	OTHER (Specify):		

DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
27 Oct 1960		Winston Scott

3. BY REVIEWING OFFICIAL

	I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.
	I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.
	I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.
	I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE

SECRET

14-00000

SECRET
(When Filled In)

13 Aug

FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 122592

SECTION A — GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. GRADE
ZAMBERNARDI Robert M.	9 May 1935	M	GS-7

5. SERVICE DESIGNATION	6. OFFICIAL POSITION TITLE	7. OFF/DIV/BR OF ASSIGNMENT
DT	PHOTOG GEN	DDP/TSS/TA/PSD

8. CAREER STAFF STATUS

	NOT ELIGIBLE		MEMBER		DEFERRED
X	PENDING		DECLINED		DENIED

9. TYPE OF REPORT

	INITIAL		REASSIGNMENT/SUPERVISOR
X	ANNUAL		REASSIGNMENT/EMPLOYEE

SPECIAL (Specify):

10. DATE REPORT DUE IN O.P.	11. REPORTING PERIOD
30 June 1959	Dec 1958 to Jun 1959

SECTION B — EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

1 - Unsatisfactory | 2 - Barely adequate | 3 - Acceptable | 4 - Competent | 5 - Excellent | 6 - Superior | 7 - Outstanding

Specific Duty	Rating No.
SPECIFIC DUTY NO. 1 USING ENLARGERS, CONTACT PRINTERS AND RELATED EQUIPMENT TO MAKE PHOTOGRAPHIC PRINTS.	3
SPECIFIC DUTY NO. 2 PROCESSING OF BLACK & WHITE AND COLOR FILM, BOTH FOREIGN AND DOMESTIC, RANGING FROM 8MM TO 20"x24"	4
SPECIFIC DUTY NO. 3 DOCUMENT PHOTOGRAPHY USING 20"x24" PROCESS CAMERA, MOD. D AND E RECORDAKS AND VARIOUS PORTABLE COPYING EQUIPMENT	4
SPECIFIC DUTY NO. 4 MIXING ALL STANDARD CHEMICALS & SPECIAL FORMULAE FOR THE PROPER DEVELOPMENT OF VARIOUS FILM AND PAPERS - FOREIGN & DOMESTIC	4
SPECIFIC DUTY NO. 5 WASHING, DRYING AND SORTING OF PHOTOGRAPHIC PRINTS	5
SPECIFIC DUTY NO. 6 USES STILL AND MP CAMERAS RANGING FROM 8MM SUB-MINIATURE TO 8 x 10.	3

SECTION C — EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.

1 - Performance in many important respects fails to meet requirements.
2 - Performance meets most requirements but is deficient in one or more important respects.
3 - Performance clearly meets basic requirements.
4 - Performance clearly exceeds basic requirements.
5 - Performance in every important respect is superior.
6 - Performance in every respect is outstanding.

RATING NO.: 4

SECTION D — DESCRIPTION OF THE EMPLOYEE

In the rating boxes below, check (X) the degree to which each characteristic applies to the employee

1 - Least possible degree | 2 - Limited degree | 3 - Normal degree | 4 - Above average degree | 5 - Outstanding degree

CHARACTERISTICS	NOT APPLICABLE	NOT OBSERVED	1	2	3	4	5
GETS THINGS DONE					XX		
RESOURCEFUL					XX		
ACCEPTS RESPONSIBILITIES						XX	
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES					XX		
DOES HIS JOB WITHOUT STRONG SUPPORT					XX		
FACILITATES SMOOTH OPERATION OF HIS OFFICE					XX		
WRITES EFFECTIVELY	XX						
SECURITY CONSCIOUS						XX	
THINKS CLEARLY					XX		
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS	XX						
OTHER (Specify):							

SEE SECTION "E" ON REVERSE SIDE

FORM 8-55 45 OBSOLETE PREVIOUS EDITIONS. SECRET (4)

SECRET
(When Filled In)

SECTION E — NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

SUBJECT'S KNOWLEDGE OF PHOTOGRAPHY IS INCREASING AT A STEADY PACE. HE IS VERY ATTENTIVE TO HIS ON-THE-JOB TRAINING AND APPLIES IT VERY WELL. CONSIDERABLE INITIATIVE HAS BEEN SHOWN BY LEARNING NEW METHODS AND TECHNIQUES. THIS IS PARTLY DUE TO THE CORRESPONDENCE COURSE, IN PHOTOGRAPHY, IN WHICH HE IS CURRENTLY ENGAGED.

SUBJECT LACKS SOME CONFIDENCE IN HIS ABILITY TO PRODUCE PHOTOGRAPHIC PRINTS, HOWEVER, IT IS FELT BY THE RATER THAT THIS IS DUE TO HIS LIMITED EXPERIENCE IN DARKROOM TECHNIQUES AND PROCEDURES. THE RATER FEELS CONFIDENT THAT SUBJECT WILL OVERCOME THIS LACK OF CONFIDENCE SOON.

SECTION F — CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE	SIGNATURE OF EMPLOYEE

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION
12	SUBJECT LEFT PCS, MEXICO CITY JUNE 20, 1959.

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

	EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS		REPORT MADE WITHIN LAST 90 DAYS
	OTHER (Specify):		

DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
25 JUNE 1959	C/TSS/PSD/OSL	Harold M. Sprague (signature) HAROLD M. SPRAGUE

3. BY REVIEWING OFFICIAL

✓	I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.
	I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.
	I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.
	I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
25 JUNE 1959	I. O. TECH. AIDS	Ralph W. Harris (signature) RALPH W. HARRIS

SECRET

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 122592

SECTION A — GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. GRADE
ZAMBERNARDI Robert	5 Sept 1935	M	GS-5

5. SERVICE DESIGNATION	6. OFFICIAL POSITION TITLE	7. OFF/DIV/BR OF ASSIGNMENT
DT	PHOTOG GEN	DDP/TSS/TA/PD

8. CAREER STAFF STATUS: X NOT ELIGIBLE · MEMBER · DEFERRED · PENDING · DECLINED · DENIED

9. TYPE OF REPORT: INITIAL · REASSIGNMENT/SUPERVISOR · X ANNUAL · REASSIGNMENT/EMPLOYEE

10. DATE REPORT DUE IN O.P.	11. REPORTING PERIOD	SPECIAL (Specify)
December 1958	From Dec 1957 to Dec 1958	Also Promotion

SECTION B — EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise *(indicate number of employees supervised)*.

1 - Unsatisfactory | 2 - Barely adequate | 3 - Acceptable | 4 - Competent | 5 - Excellent | 6 - Superior | 7 - Outstanding

SPECIFIC DUTY	RATING NO.
NO. 1 PHOTOGRAPHIC DARKROOM TECHNICIAN. USE ENLARGERS, CONTACT PRINTERS AND RELATED EQUIPMENT TO MAKE PHOTOGRAPHIC PRINTS.	3
NO. 2 DOCUMENT PHOTOGRAPHY USING CONSOLIDATED PROCESS CAMERA, "E" & "D" RECORDAK, AND OTHER 35MM CAMERAS	4
NO. 3 FILM PROCESSING, BOTH BLACK & WHITE AND COLOR.	3
NO. 4 MIXING OF PHOTOGRAPHIC SOLUTIONS FROM BULK AND PREPARED CHEMICALS.	4
NO. 5 WASHING, DRYING AND SORTING PRINTS.	4
NO. 6	

SECTION C — EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.

1 - Performance in many important respects fails to meet requirements.
2 - Performance meets most requirements but is deficient in one or more important respects.
3 - Performance clearly meets basic requirements.
4 - Performance clearly exceeds basic requirements.
5 - Performance in every important respect is superior.
6 - Performance in every respect is outstanding.

RATING NO.: 4

SECTION D — DESCRIPTION OF THE EMPLOYEE

In the rating boxes below, check (X) the degree to which each characteristic applies to the employee

1 - Least possible degree | 2 - Limited degree | 3 - Normal degree | 4 - Above average degree | 5 - Outstanding degree

CHARACTERISTICS	NOT APPLICABLE	NOT OBSERVED	1	2	3	4	5
GETS THINGS DONE					X		
RESOURCEFUL					X		
ACCEPTS RESPONSIBILITIES						X	
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES					X		
DOES HIS JOB WITHOUT STRONG SUPPORT					X		
FACILITATES SMOOTH OPERATION OF HIS OFFICE					X		
WRITES EFFECTIVELY		X					
SECURITY CONSCIOUS					X		
THINKS CLEARLY					X		
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS		X					
OTHER (Specify):							

SEE SECTION "E" ON REVERSE SIDE

FORM 9-53 45 OBSOLETE PREVIOUS EDITIONS.

SECRET

SECRET
(When Filled In)

SECTION E — **NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

MR. ZAMBERNARDI JOINED THE PHOTOGRAPHIC SUPPORT DIVISION IN JANUARY 1958 WITH NO PHOTOGRAPHIC EXPERIENCE. MR. ZAMBERNARDI HAS PROGRESSED VERY RAPIDLY IN HIS NEWLY CHOSEN FIELD DURING THE PAST YEAR BY TAKING AN ACTIVE INTEREST IN HIS ON THE JOB TRAINING AND BY DISPLAYING CONSIDERABLE INITIATIVE IN LEARNING NEW METHODS AND TECHNIQUES. MR. ZAMBERNARDI IS SUPPLEMENTING HIS AGENCY TRAINING BY COMPLETING A CORRESPONDENCE COURSE IN PHOTOGRAPHY GIVEN BY THE NEW YORK INSTITUTE OF PHOTOGRAPHY. IN RELATIVELY SHORT TIME, MR. ZAMBERNARDI HAS DEVELOPED INTO A VALUED ASSET TO THIS DIVISION.

BECAUSE OF HIS BRIEF BACKGROUND IN PHOTOGRAPHY, MR. ZAMBERNARDI LACKS SOME CONFIDENCE IN PERFORMING HIS DUTIES. THE UNDERSIGNED FEELS CONFIDENT THAT THIS WILL REMEDY ITSELF AS MORE EXPERIENCE IS GAINED.

SECTION F — **CERTIFICATION AND COMMENTS**

1. BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE	SIGNATURE OF EMPLOYEE

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION
8	Subject on leave, will be shown to him later

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

	EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS		REPORT MADE WITHIN LAST 90 DAYS
	OTHER (Specify):		

DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
23/12/58	C/TSS/PSD/CSL	Harold M. Sprague HAROLD M. SPRAGUE

3. BY REVIEWING OFFICIAL

X	I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.
	I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.
	I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.
	I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

MR. ZAMBERNARDI IS PRESENTLY PERFORMING THE DUTIES OF A GS-7 PHOTOGRAPHER WITH THIS DIVISION IN A MOST COMPETENT MANNER. IT IS RECOMMENDED THAT HE BE FAVORABLY CONSIDERED FOR AN INCREASE FROM GS-5 TO GS-7.

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
23 DECEMBER 1958	DC/TSS/PSD	John DeMarco JOHN DEMARCO

SECRET

14-00000

Fitness Reports and other Personnel Documents During Period prior His Assignment to Mexico City